

MEDICAL SERVICES SUPPORT IRAQ



PRE-SOLICITATION CONFERENCE JANUARY 21, 2011

EXHIBIT

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GROUND RULES

- All inquiries must be submitted in writing to Ken Dougherty (contractor) at DoughertyKG@State.Gov
- Comments to the DRAFT Request for Proposal (DRFP) are due no later than close of business January 31, 2011.
- All Cell Phones Must be Turned Off
- Anyone wanting to use the rest rooms must be escorted by a DOS Individual
- There will be a 10 minute break after Dr. Taylor's presentation.

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John J. Stever
Director, Information
Technology Division

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PARTNERSHIP

- This is the reason that we are here today
- Transitioning from support under LOGCAP with additional support from DoD is a major undertaking.
- An undertaking that the Department of State can and will accomplish working hand in hand with our Industry Partners

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Pre-solicitation Conference Regulations

- This pre-solicitation conference is only for informational purposes.
- Statements or representations made during the conference are not legally binding.
- Changes resulting from the conference are official only if issued through a solicitation or an amendment to a Request For Proposal (RFP).
- Informal communications with Baghdad Embassy or other Department of State Personnel on the MSSI Requirement is prohibited.
- Direct all inquiries to the Acquisition Office c/o Ken Dougherty at the following email address DoughertyKG@state.gov

MEDICAL SERVICES SUPPORT IRAQ



Medical Support Contract

Brooks A. Taylor, MD

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Department of State (DOS) Mission in Iraq

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Mission Summary

The Embassy and provincial posts known as Embassy Branch Offices (EBO) will contribute to a sovereign, stable and self-reliant Iraq through activities such as strengthening the capacity of provincial institutions, encouraging foreign investment and economic development and providing limited services to American citizens.

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MAJOR WORK SITES

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The map illustrates the strategic locations of medical and support facilities in Iraq. Key locations marked include:

- Health Units (Cross symbol):** Erbil, Tikrit, Taji, Sather, Union III, Shield, Basra, Umm Qasr.
- Air Hubs (Diagonal lines symbol):** Mosul, Erbil, Kirkuk, Taji, Sather.
- Diplomatic Support Hospitals (Building symbol):** Mosul, Erbil, Kirkuk, Taji, Union III, Basra.
- Support Zones (Circle symbol):** Erbil, Taji.

Neighboring countries shown are Iran to the east, Saudi Arabia to the south, and Kuwait to the south-east. Major Iraqi provinces labeled include DAIKUK, NINAWA, SALAH AD DIN, AL ANBAR, AL QADISIYAH, AL MUTHANNA, and AL BASRAH.

Legend:

- Health Unit
- Air Hubs
- Diplomatic Support Hospital
- Support Zone

Map Labels: Mosul, Erbil, Kirkuk, Tikrit, Taji, Sather, Union III, Shield, Basra, Umm Qasr, Iran, Saudi Arabia, Kuwait, AL ANBAR, AL QADISIYAH, AL MUTHANNA, AL BASRAH, SALAH AD DIN, DAIKUK.

Map Title: Sensitive//Unclassified

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Facility Type, Locations, and Population Supported

Location	Facility Type	Estimated Population at Risk
Erbil	HU	1100 – 1300
Kirkuk	Small DSH	800 – 1000
Mosul	Small DSH	600 – 800
Tikrit	HU	200 – 300
Sather (Baghdad)	Large DSH	1600 – 1800*
Shield	HU	1000 – 1200
Taji	HU	200 – 400
Union III	HU	200 – 300
Besmaya	HU	300 – 500
Basrah	Small DSH	1100 – 1400
Umm Qasr	HU	100 – 200

*Location population requiring primary care; DSH will also serve as the surgical referral center for an additional population of 5,000

HU=Health Unit

DSH=Diplomatic Support Hospital

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Medical Support Services

- Rapid deployment under MSSSI—first two HUs open Oct 1, all 11 sites mission capable by Dec 1, 2011.
- Initial Task Orders RFPs attached to basic contract RFP
 - Award within approx. 10 days after contract award
 - Kirkuk and Mosul mission capable NLT October 1, 2011
 - Program Management Task Order

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Important Points

- Government will furnish certain equipment, facilities and materials. These may not be identified in the RFP. Offerors will propose complete requirements, including costs.
- Movement of contractor personnel and movement security is the responsibility of the contractor.
- Complying with Iraqi visa, license and permit requirements is the responsibility of the contractor.

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Contract Medical Support--Background

- Health care support mission to transition from the U. S. Department of Defense to the U. S. Department of State beginning June 2011 with complete transfer completed by December 2011
- Network of Contractor-operated facilities in three regional support areas consisting of seven Health Units (HU), one large Diplomatic Support Hospital (DSH), and three small DSHs

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Contract Medical Support— Background (cont.)

- Primary health care as well as resuscitative surgical care in accordance with US or equivalent medical standards on a 24 hour basis, 365 days of the year to Chief of Mission (COM) personnel to a population consisting of approximately 14,000 adult personnel.
- Concept for casualties:
 - Northern Iraq: to DSHs in Mosul or Kirkuk, or local hospitals in Erbil
 - Central Iraq: to Sather DSH (Baghdad)
 - Southern Iraq: to Basrah DSH
 - Once stabilized, onward medevac to medevac center or CONUS.

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Contract Medical Support—HUs

- Erbil, Tikrit, Shield, Taji, Union III, Besmaya, Umm Qasr
- Staffing (notional)--Staff expected to share duties
 - Emergency, internal med, or family practice physician
 - 1 Mid-level (PA or NP)
 - 1 Medical-surgical nurse
 - 1 Medical assistant or EMT
 - Admin/log support
- Credentials: U.S. or equivalent license and board certification, evaluated on a case by case basis. ACLS and ATLS.
- Staffing continuous and uninterrupted

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Contract Medical Support—HUs (cont.)

- On-site primary, urgent and initial emergency care for medical, surgical, orthopedic, gynecological (GYN), and mental health conditions
- Care for up to two patients for up to 24 hours until stabilized or evacuated
- Medical director for oversight.

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Contract Medical Support—HUs (cont.)

- All medical and emergency equipment and maintenance thereof
 - Medical and medical emergency equipment.
 - Basic formulary and vaccines to include, but not limited to: thrombolytic therapy.
 - Medical supplies.
 - Laboratory equipment and supplies and maintenance thereof, Clinical Laboratory Improvement Act (CLIA) waived lab capabilities to include, but not limited to: basic hematology, blood chemistries, urinalysis, cardiac enzymes, d-dimer testing.

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Contract Medical Support—Small DSHs

- Kirkuk, Mosul, Basrah: Medical/Trauma Care Hospitals
- In addition to HU capabilities and requirements:
 - Basic x-ray, diagnostic ultrasound (to include Focused Abdominal Sonogram for Trauma (FAST) Right Upper Quadrant (RUQ), renal, OB (tubal pregnancy), GYN, testicular, and Deep Vein Thrombosis (DVT) evaluations).
 - Appropriate number of trauma bays in the emergency medical and trauma unit for care and stabilization.
 - Overnight bed capabilities for up to four patients

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Contract Medical Support—Small DSHs (cont.)

- Post operative / intensive care capabilities for up to four patients to be stabilized until medically evacuated (8 beds total (4 ICU beds + 4 regular beds))
- One operating room table with anesthesia and supplies.
- Laboratory with blood bank.
- Computerized Tomography (CT) Scanner with the capability to conduct non-contrast, contrast (oral and IV), and the ability to do PA-grams (ideally with venous run-off).

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Contract Medical Support—Small DSH (cont.)

- Staffing to manage a single surgical patient
- Possibility of multiple injured or ill patients
- Staffing (notional)
 - 1 emergency, family or internal medicine physician
 - 1 mid-level (PA or NP)
 - general surgeon
 - OR nurse or OR technician
 - 3 medical-surgical nurse
 - nurse anesthetist
 - medical lab tech
 - radiology tech
 - 2 medical assistant or EMT
 - pharmacy specialist
 - medical maintenance specialist
 - 2 Admin/log support

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Contract Medical Support—Large DSH

- Sather Air Base (Baghdad). In addition to HU and Small DSH capabilities and requirements:
 - Staffing that reflects the requirements to manage two surgical patients and the possibility of multiple injured or ill patients
 - Staffing to include competency in performing and interpreting ECG stress tests
 - Possess a total of 2 OR tables with anesthesia and supplies
 - Overnight bed capabilities for up to six patients (12 beds total (6 ICU beds + 6 regular beds))
 - Post operative / intensive care capabilities for up to six patients to be stabilized until medically evacuated
 - It is anticipated that full occupancy would be a rare occurrence.

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Contract Medical Support—Large DSH (cont.)

- Dental Service (separately priced)—general dentistry, emergency and routine
- Staffing (notional)
 - 2 Emergency, family practice or internal medicine physicians
 - 1 Mid-level (PA or NP)
 - 2 General surgeons
 - 2 OR nurses or OR technicians
 - 2 Medical-surgical nurses
 - 4 Licensed vocational nurses
 - 1 Anesthesiologist
 - Nurse anesthetist
 - 1 Med tech, MLS (ASCP) ^{CM}
 - Medical laboratory technician
 - Radiologist
 - Radiology tech
 - 4 Medical assistant s or EMTs
 - Pharmacy specialist
 - Medical maintenance specialist
 - 1 Social worker
 - 2 Admin/log support
 - 1 Public Health Oversight

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Additional Requirements

- Program Management. Personnel, administrative, financial, and managerial resources necessary for this program.
- Medical Supplies. Contractor responsible for supply chain management. US FDA or European Medicines Agency (EMA) approved products only.
- Not contractor responsibility:
 - Medical waste disposal
 - Laundry services
 - Equipment disposal
 - Food/water point inspection/testing
 - Oxygen tank refills
 - Hazardous materials mgt
 - General housekeeping
 - Pest/vector control
 - Cafeteria inspections
 - Mortuary Affairs

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Additional Requirements (cont.)

- Public Health. Tracking and reporting of occupational injuries, disease trends blood-borne pathogen and needle stick exposure programs, periodic health education, disease prevention programs.
- Biomedical equipment maintenance and repair
- Housekeeping. Above the standard housekeeping cleaning, to meet Center for Disease Control (CDC) guidelines for health care facilities
- Blood and blood products.
 - Sather DSH: at least one med tech or med lab scientist who will oversee blood management for large and small DSH facilities (see RFP for detailed requirements)
 - Government-provided blood products at no cost through Al Udeid Air Force Base, Qatar

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Additional Requirements (cont.)

- Mortuary Affairs. The Contractor shall have custody of remains until other arrangements can be made. Another contract will provide mortuary services.
- Medical Communication and Automation Support.
 - Contractor provides computers, peripherals, and automation support.
 - Internet connectivity will be provided by Embassy Baghdad.
 - All electronic media storing patient data become property of the government.
- Medical Records. Must be HIPPA compliant. Includes patient tracking procedures for overnights and medevacs.
- Staffing
 - Medical Fitness. All personnel must be "medically and dentally fit."
 - Credentialing. Contractor shall confirm validity and currency of all licenses, certifications, and registry requirements.

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Medical Malpractice

- The Contractor shall be responsible for having and maintaining institutional malpractice insurance as well as individual malpractice policies for the following categories:
 - Physicians
 - Nurse Practitioners/Nurse Anesthetists
 - Physicians Assistants
 - Dentist
- The government will not be liable for malpractice allegations against contract Health Care Providers based upon performance of this contract.

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Key Personnel

- General Medical Officer—Family, Emergency or Internal Medicine Provider
- Physicians Assistant/Nurse Practitioner
- General Surgeon
- Include in proposal: resumes, relevant experience, capabilities to manage the requirements

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Acquisitions

Paul H. Desilets, Contracting Officer

**Kenneth G. Dougherty (XL Associates - Contractor)
Senior Contract Specialist**

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GROUND RULES

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- Comments to the DRAFT Request for Proposal (DRFP) are due no later than close of business January 31, 2011. Comments and/or suggestions will not be shared with other offerors. Questions and clarifications, with answers, will be provided to all interested parties and posted on FedBizOpps, SAQMMA11-R-0010.
- All government personnel and contractors supporting the Department are prohibited by the Procurement Integrity Act from discussing or disclosing any information that could give, or have the appearance of giving, a vendor a competitive advantage.

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TARGET SCHEDULE

Pre-Proposal Conference	January 21, 2011
Questions and Comments to RFI	January 31, 2011
Release of RFP	February 11, 2011
Amendment to Solicitation	March 9, 2011
Receipt of Proposals	March 30, 2011
Contract Award	May 20, 2011
Initial Task Order Awards	May 30, 2011

Note: We will not have a site visit or pre-proposal conference.

VERY AGGRESSIVE

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DRAFT RFQ

- This is a DRAFT . The Department is not required to issue an amendment to clarify any aspect of the document.
- The resultant contract will be an Indefinite Delivery – Indefinite Quantity Contract.
- The requirements listed in the draft are subject to both expansion and contraction.
- Some requirements may not be ordered during the base period but will remain within the contract scope during the option periods.
- The evaluation and submission requirements in Section L and M are subject to change.
- The RFP will be a Performance Work Statement. Offerors will be required to provide metrics that will be used to measure success.
- Delivery Orders will be firm fixed price to the extent possible.

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Proposed CLIN Structure (Applicable at the Task Order Level)

0001 Labor

Labor hours by category, as awarded on the basic contract, for each task order

0002 Other Direct Costs

Cost reimbursable with predetermined mark-up

0003 Travel

Cost reimbursable with predetermined mark-up

0004 Defense Base Act (DBA) Insurance

Separately priced DBA insurance

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Sec L Requirements

- Cost Proposal -- not Certified Cost and Pricing Data
- Technical Proposal
 - Tab A1 – Executive Summary
 - Tab A2 – Health Service Support Approach
 - Tab A3 – Staffing Plan
 - Tab A4—Management Plan
 - Tab A5 – Organization and Management
 - Tab A6 – Quality Assurance Plan
 - Tab A7 – Transition Plan
 - Tab A8 – Contingency Plan
 - Tab A9 – Government Furnished Property Management
 - Tab B – Past Performance and Experience

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Sec L Requirements (cont.)

- Past Performance
- Initial Task Order Proposals
 - Program Management
 - Mosul
 - Kirkuk
- Oral Presentation Slides
 - No limit to the number of slides, but
 - Only those slides actually discussed during the presentation will be considered in the technical evaluation.

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Sec M Evaluation Factors

- Best Value Competition
- Technical Factors when combined are considered significantly more important than price. Past Performance is equal in value to the other three technical factors combined. Other than Past Performance, factors and subfactors are listed in order of importance.
- Proposal for basic contract and proposals for Initial Task Orders will be basis for award.

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Sec M Evaluation Factors— Technical Factors and Subfactors

- FACTOR: Health Service Support Approach
- FACTOR: Staffing Plan
 - SUBFACTOR: Number of personnel and specialty mix by location with rationale
 - SUBFACTOR: Key personnel, support, and medical staff qualifications
- FACTOR: Management Plan
 - SUBFACTOR: Organization and Management
 - SUBFACTOR: Quality Assurance Plan
 - SUBFACTOR: Transition Plan
 - SUBFACTOR: Contingency Plan
- FACTOR: Past Performance and Experience

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Subcontracting Plan and Small Business Concerns

Large firms must submit a Small Business Subcontracting Plan as part of their proposal

Subcontracting Plans should address DoS 2010 Small Business Goals – DOSAR 652.219-70

- Goal - Total Small Business (SB): 54.3%
- Goal - Small Disadvantaged Business (SDB): 5%
- Goal - Woman Owned Small Business (WOSB): 5%
- Goal – HUBZone firms: 3%
- Goal - Service Disabled Veteran-Owned: 3%

Important Points

- That you make a good faith effort to subcontract to US Owned Small Business
- Small Business subcontracting dollars and percentages are based on **Total Subcontracted Dollars** (Not the total dollar amount of the contract)
- Approved Small Business Subcontracting Plans will be attached to your contract
- Award will not be made to any offeror whose subcontracting plan does not follow the format in FAR 52.219-9
- Plan must be approved by the DoS Office of Small and Disadvantaged Business Utilization (OSDBU)

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New FAR Requirement—52.204.10 Reporting Executive Compensation and First-Tier Subcontract Awards

- Extensive reporting requirement , with all information available to the public
- Applies to all subcontracts
 - $\geq \$25,000$
 - $\geq \$25M$ gross income from Federal contracts and subcontracts
 - $\geq \$25M$ gross income with \geq from Federal contracts, grants, and/or cooperative agreements; prime or subcontractor
- Initial and annual reports
 - Extensive information about the prime and subcontracts
 - Names and compensation of each of the five most highly compensated executives

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What we need from Industry

- Recommendations for a cost model best suited for the contract line items and task orders.
- Identify the CLINS and orders/sites that can only be priced on a time and material basis.
- Identify what additional information may be necessary in order to firm fix price a specific task order.
- Identify the type of information that may be needed to respond to a future Government Task Order Requests for Proposal.
- Which sites or facility types represent the highest degree of risk in terms of:
 - Price, Performance
 - Staffing, Monitoring and Report
- How could the CLINs be structured to mitigate those risks?

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Industry Day Regulations

Things to take away from today

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- Informal communications with Baghdad Embassy or other Department of State Personnel on this requirement is prohibited.
- Direct all inquiries to the Acquisition Office c/o Ken Dougherty at the following email address DoughertyKG@state.gov

**LIST OF ATTENDEES, 21 JAN 2011, SA 6 (based on reservations)
PRESOLICITATION CONFERENCE--HEALTH SERVICE SUPPORT IRAQ**

name	company	email
Uday Malhan	Mindlance inc.	Uday Malhan [umalhan@mindlance.com]
Vik Kalra		
Bill Cavanaugh	WDS-Consulting	WILLIAM DJR Cavanaugh [cavacom@msn.com]
Rory Fisher		
Samir Kasim*	White Horse Co.	Samir Kasim [samir@whitehorseiraq.com]
David Byford	Logenix International	Dave Byford [dbyford@logenix.com]
Michael F Bailey	Exploration Logistics Inc	Mike Bailey [mike.bailey@exlogs.com]
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Jeffrey Stith		
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*VTC link